

VZCZCXRO1337
RR RUEHHM RUEHLN RUEHMA RUEHPB RUEHPOD
DE RUEHMO #0575/01 0601417
ZNR UUUUU ZZH
R 291417Z FEB 08
FM AMEMBASSY MOSCOW
TO RUEHC/SECSTATE WASHDC 6889
INFO RUEAUSA/DEPT OF HHS WASHINGTON DC
RUEHYG/AMCONSUL YEKATERINBURG 3062
RUEHVK/AMCONSUL VLADIVOSTOK 2720
RUEHZN/EST COLLECTIVE
RUEHPH/CDC ATLANTA GA

UNCLAS SECTION 01 OF 02 MOSCOW 000575

SIPDIS

SENSITIVE
SIPDIS

DEPARTMENT FOR OES/IHB (LAURITZEN) AND EUR/PGI (TESSLER)
USAID FOR GH, E&E
HHS FOR OGHA

E.O. 12958: N/A

TAGS: [TBIO](#) [SCUL](#) [SOCI](#) [WHO](#) [RS](#)

SUBJECT: RUSSIA MAKING PROGRESS ON BERLIN TB DECLARATION

REF: A. 08 State 6989

- [1](#)B. 07 Moscow 4543
- [1](#)C. 06 Moscow 12876
- [1](#)D. 07 Moscow 2847
- [1](#)E. 08 Moscow 536

MOSCOW 00000575 001.2 OF 002

THIS CABLE IS SENSITIVE BUT UNCLASSIFIED. NOT FOR INTERNET
DISTRIBUTION.

[1](#)1. (SBU) SUMMARY: Russia has made effective progress in implementing the Berlin Declaration on Tuberculosis (TB). The Russian Government's adoption of the Berlin Declaration confirmed Russia's political commitment to TB control. The GOR continues to focus its attention on TB control and treatment, and the development of regional pilot programs supported by the USG, World Health Organization, international NGOs, and the Global Fund to Fight AIDS, TB and Malaria. TB rates in Russia have stabilized within the general population, albeit at a high level, and are dramatically declining within prisons, though they are still almost five times higher than the civilian rates (Ref B). While cases of drug resistant TB and TB/HIV co-infections are growing, the GOR, international donor community, NGOs, and the U.S. and Russian pharmaceutical sector are devoting substantial resources to combating these new and deadly infections. Russia is also emerging as an international health donor and repaying its Global Fund grants (Ref C). END SUMMARY.

[1](#)2. (U) Per Ref A request, this cable summarizes Russia's progress in implementing the Berlin Declaration on TB. As discussed in Ref B, the World Health Organization (WHO) ranks Russia twelfth on the list of the world's 22 high burden TB countries. According to statistics published by the Ministry of Health and Social Development (MOHSD), Russia registered 117,646 new cases of TB in 2006 (a rate of 82.4 cases per 100,000 people), a decline of 1.3 percent compared to [1](#)2005. TB mortality has declined in recent years from 21.9 deaths recorded per 100,000 population in 2002 to 19.5 deaths per 100,000 in 2006. The TB situation in Russian prisons has dramatically improved over the last seven years. A threefold decline of both the prevalence of TB cases in prisons and TB mortality has been registered since 1999. This progress was achieved thanks to the joint efforts of the penitentiary and civilian health care systems and international organizations working closely together to resolve questions of TB drug supply, laboratory and testing capacity, and training of health care personnel.

[1](#)3. (U) Multi-drug resistant TB (MDR-TB) cases have gradually

increased over the past seven years (Ref B), and the issue remains high on the agenda of both the GOR and international organizations. Through the combined efforts of the GOR and international donors, laboratory testing and diagnostics capacity for drug resistant TB in regional and central labs has significantly improved over the last two years. U.S. and Russian pharmaceutical companies have also played a constructive role. U.S. drug company Eli Lilly's MDR-TB partnership has worked with SIA International, one of Russia's leading pharmaceutical manufacturers, to transfer know-how and technology to Russia so that second line TB drugs can be produced domestically (Ref D).

14. (U) TB/HIV co-infection is a growing problem. TB is the leading cause of death among people with HIV/AIDS, accounting for 59 percent of all deaths among this group in 2006 (Ref E). The MOHSD has established a center for treating HIV/TB co-infections, which is tasked with monitoring the epidemiological situation and developing guidelines for treatment of patients with TB/HIV co-infections.

15. (SBU) In contrast to most other high burden TB countries, Russia spends massively on TB control and treatment. The GOR slightly modified its five year budget estimate for the TB program in February 2008, increasing the budget by \$8 million, to over one billion dollars for the period 2007 to 2011. The Russian federal and regional governments together spent \$280 million on TB control and treatment in 2006 and 2007, and will spend similar amounts in 2008. Most regions currently have a stockpile of first line TB drugs available in both the civilian and penitentiary systems, and federal level funding for provision of second-line drugs is growing significantly. Second line drugs are not available in most regions in Russia, even though officially 18 regions are approved by the WHO Green Light Committee to provide second line drugs. Only three regions have received these drugs through the international procurement system set up by the WHO Stop TB partnership. The WHO and international donors continue to work with the MOHSD to resolve the issue of availability of second line TB drugs.

16. (U) Through 2006, the WHO revised TB control strategy of Directly

MOSCOW 00000575 002.2 OF 002

Observed Therapy Short Course (DOTS) had been officially adopted in nearly all Russian regions with the support of USG, WHO, World Bank and Global Fund grants. New TB treatment standards and new TB reporting requirements have already been implemented in 68 Russian regions which cover 83 percent of Russia's population.

BURNS